



**TEXAS ALCOHOLIC
BEVERAGE COMMISSION**
Texans Helping Businesses & Protecting Communities

**LOCATION PACKET FOR REPORTING CHANGES
WHOLESALEERS, DISTRIBUTORS AND
MANUFACTURERS**

L-LRW
(3/2021)

Utilize this packet to report changes about your license/permit. All applicants complete questions 1 through 8. To report information that has changed since your last filed L-LW or L-LRW application, check and complete the appropriate questions 9 through 17.

If adding a subordinate license/permit, submit correct fees. See fee chart on our website: [Fees and Surcharges](#)

1. Current License/Permit No.

2. Trade Name of Location as it appears on Current License/Permit

3. Location Address as it appears on Current License/Permit

4. Owner of Business as it appears on Current License/Permit

5. Federal Employer Identification Number (FEIN)

6. Phone Number:

7. Email Address:

INITIAL INFORMATION

8. Have there been any changes in the ownership or structure of the business since the last application was filed? ☐ Yes ☐ No
If "YES" complete the **Business Packet for Reporting Changes (L-BRC)** found on the Licensing Original Application Forms page.

**CHECK AND COMPLETE ONLY THE SECTION(S) THAT APPLY TO YOUR CHANGE THEN
PROCEED TO THE WARNING AND SIGNATURE SECTION.**

If adding a Private Carrier's Permit (O) or Importer's Carrier's License (BJ) attach **Vehicles – Transporting Alcohol Form L-VEH.**

9. ☐ **Change Trade Name of Location**

10. ☐ **Change Mailing Address**

City

State

Zip Code

11. ☐ **Add Subordinate**

☐ **O** Private Carrier's Permit

☐ **GF** Winery Festival Permit

☐ **BI** Importer's License

☐ **DA** Brewer's Self Distribution Permit

☐ **DB** Manufacturer's Self Distribution License

☐ **BJ** Importer's Carrier's License

12. ☐ **Change Diagram of Licensed Premise**

Will the license or permit embrace the entire building and grounds at the address shown? ☐ Yes ☐ No

If "NO," attach the required diagram.

An inspection may be required prior to approval.

13. ☐ Change Owner of Premise

Does the applicant own the land and building at this proposed licensed location?

☐ Yes ☐ No

If "**NO**," complete **Owner of Property (L-OP)** and any question that applies below (14 through 16).

NOTE: Be prepared to provide additional information (such as a copy of your lease) if requested.

14. ☐ Change Lease Information

Expiration date(s)/Options _____

Monthly rental amount \$ _____

Other fees and payments to landlord _____

15. ☐ Change Sublease Information

Are you operating under a sublease at this location?

☐ Yes ☐ No

If "**YES**," complete **Sublessor (L-SL)** and indicate the following:

Expiration date(s)/Options _____

Monthly fee \$ _____

16. ☐ Change Additional Agreements Information

Are there any agreements, excluding the above, which require payment by the applicant in a dollar figure or percentage of gross or net income of the business?

☐ Yes ☐ No

If "**YES**," attach a copy of agreement.

LOCATION ADDRESS FINANCE INFORMATION

Complete this section if you have obtained financial assistance from any source since the submission of your last L-LW or L-LRW application.

17. ☐ Change in Finance Information

a. What is the new amount of financial assistance for this location? \$ _____

Please be prepared to provide copies of all documents related to the financing of this location.

b. List any new person, firm, or corporation that has advanced or will advance any money, that holds any mortgage or encumbrances against the assets of the proposed business location, or that has signed or co-signed, guaranteed or financially assisted this business location for which you are seeking a license/permit. If a partnership or corporation, list entity along with partners/officers.

Name, Corporation, Partner/Officer		Date of Birth (mm/dd/yyyy)
SSN or FEIN	Amount \$	Terms
Name, Corporation, Partner/Officer		Date of Birth (mm/dd/yyyy)
SSN or FEIN	Amount \$	Terms

WARNING AND SIGNATURE

If Applicant Is/Must Sign

Individual/Individual Owner	Corporation/Officer
Partnership/Partner	Limited Liability Company/ Officer or Manager
Limited Partnership/General Partner	

WARNING: Section 101.69 of the Texas Alcoholic Beverage Code states: "...a person who makes a false statement or false representation in an application for a permit or license or in a statement, report, or other instrument to be filed with the Commission and required to be sworn commits an offense punishable by imprisonment in the Texas Department of Criminal Justice for not less than 2 nor more than 10 years."

BY SIGNING YOU ARE SWEARING TO ALL INFORMATION AND ATTACHMENTS TO THIS PACKET.

PRINT NAME _____ SIGN HERE _____

TITLE _____

Before me, the undersigned authority, on this _____ day of _____, 20____, the person whose name is signed to the foregoing application personally appeared and, duly sworn by me, states under oath that he or she has read the said application and that all the facts therein set forth are true and correct.

SIGN HERE _____

NOTARY PUBLIC

S E A L



Trade Name or Permit Number _____

OWNER OF PROPERTY INFORMATION

1. Indicate if owner of property is:

☐ Owner of Land and Building ☐ Owner of Land ☐ Owner of Building ☐ Owner of Boat

Note: If land and building are owned by different entities, complete Form L-OP for each entity.

INDIVIDUAL OWNER

2. Full Legal Name (Last, First, Middle):

Date of Birth (mm/dd/yyyy)

SSN:

BUSINESS ENTITY OWNER

3. Name of Business Entity

Federal Employer Identification Number (FEIN) for Owner of Property

Full Legal Name of Partner, Officer (Last, First, Middle)

Date of Birth (mm/dd/yyyy)

Title

Full Legal Name of Partner, Officer (Last, First, Middle)

Date of Birth (mm/dd/yyyy)

Title

Full Legal Name of Partner, Officer (Last, First, Middle)

Date of Birth (mm/dd/yyyy)

Title

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IF YOU NEED MORE SPACE USE ADDITIONAL COPIES OF THIS PAGE



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SUBLESSOR

L-SL
(3/2021)

1. Trade Name of Location

2. Indicate if you are:

☐ Sublessor ☐ Concessionaire ☐ Management Company of Permittee

3. Business Entity Name for Sublessor, Concessionaire or Management Company

4. Federal Employer Identification Number (FEIN) for Sublessor, Concessionaire or Management Company

COMPLETE THE FOLLOWING:

Full Legal Name of Individual, Partner, Officer (Last, First, Middle)	Date of Birth (mm/dd/yyyy)
Title/Owner	
Full Legal Name of Individual, Partner, Officer (Last, First, Middle)	Date of Birth (mm/dd/yyyy)
Title/Owner	
Full Legal Name of Individual, Partner, Officer (Last, First, Middle)	Date of Birth (mm/dd/yyyy)
Title/Owner	
Full Legal Name of Individual, Partner, Officer (Last, First, Middle)	Date of Birth (mm/dd/yyyy)
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